



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

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GOVERNOR

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DIRECTOR

## 835/277U - Electronic Remittance Advice Request

The 835 is a HIPAA compliant Electronic Remittance Advice (ERA) file, which will show all paid and rejected claims that appear per pay cycle. The 277U is a HIPAA compliant ERA file, which will show all pended claims that appear per pay cycle. Providers that wish to designate a Billing Agent to receive the ERA files must choose **one** Billing Agent per Tax Identification Number (TIN). Please be aware that every Medicaid Provider ID within that Tax Id will be affected by requesting the 835.

**Providers will still continue to receive the paper RA's in addition to the ERA.**

The Billing Agent ID designated below will receive the 835/277U files electronically within their mailbox posted on the State of Michigan DEG. Please let your Billing Agent know that the file name for the 835 will be 4987 and are usually posted on Wednesdays, and the file name for the 277U will be 4986 and are usually posted on the Fridays prior to the 835. Providers must work with the designated billing agent for information on how the 835 will be posted from the billing agent to the provider.

**To request the 835/277U, please fill out the information below. When this form is completed, please fax the request to (517) 335-5570, Attention: 835 Request. Within 7-14 days the billing agent can expect to receive your 835/277U files through the DEG. Confirmation will not be submitted. If you are changing a billing agent already on file, you will need to submit the request form in addition to a letter, on company letterhead, stating the reason for the change.**

Provider Tax ID Number: \_\_\_\_\_ -- \_\_\_\_\_

Billing Agent ID Number: **D C H 0 0** \_\_\_\_\_

Contact Title & Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

Contact Signature: \_\_\_\_\_

By signing this request, I am authorizing MDCH to set up an 835/277U account for the tax ID listed above. I authorize the 835/277U files for the tax ID, to be electronically submitted to the Billing Agent indicated.

If you have any questions of what information is required, please email  
[AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov).